

2528

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## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. ~~2528~~

## ORIGINAL CERTIFICATE OF DEATH

County Registered No. 1941

Local Registrar's No. 188

## PLACE OF DEATH

County Maricopa  
 District No 3  
 Town Gehi  
 Or City

No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Henry Collins Rogers

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race ☒ White ☐ Indian ☐ Black ☐ Chinese ☐ Mexican ☐  
 DATE OF BIRTH July 16 1916  
 (Month) (Day) (Year)  
 AGE 8 yrs. 4 mos. 17 days If less than 1 day \_\_\_\_\_ hrs., or \_\_\_\_\_ min.

OCCUPATION  
 (a) Trade, profession or particular kind of work Invalid  
 (b) General nature of industry, business, or establishment in which employed or (employer) clerk

BIRTHPLACE (State or country) Ariz

NAME OF FATHER G. H. Rogers

BIRTHPLACE OF FATHER (State or country) Utah

MAIDEN NAME OF MOTHER Myra Sanders

BIRTHPLACE OF MOTHER (State or country) Utah

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) G. H. Rogers  
 (Address) Gehi

PLACE OF BURIAL OR REMOVAL Mesa Cemetery

DATE OF BURIAL OR REMOVAL Dec 4 1916

UNDERTAKER W. G. Butler & Sons

ADDRESS Mesa

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3 1916  
 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Dec 17 1916 to Dec 3 1916; that I last saw him alive on Dec 3 1916, and that death occurred on the date stated above at 10:30 P.M. The DISEASE or INJURY causing

Death was as follows: Dropsy following  
Pneumonia which was  
preceded by Semi febrile.  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

Was disease contracted in Arizona? \_\_\_\_\_  
 If not, where? \_\_\_\_\_

CONTRIBUTORY \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

(Signed) J. L. Drane  
Dec 4 1916 (Address) Mesa Ariz.

\*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE  
 At place of death 8 yrs. 4 mos. 17 ds. In Arizona 8 yrs. 4 mos. 17 ds.

Former or Usual Residence \_\_\_\_\_

Filed Dec. 4/6 1916 J. L. Drane  
 Local Registrar

Filed Jan. 17 1917 W. B. Nichols  
 County Registrar

FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.